Chapter 484-20 WAC

STATE VETERANS HOMES

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

484-20-050 Eligibility—Income. [Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-050, filed 8/14/92, effective 9/14/92; 80-09-069 (Order 80-01), § 484-20-050, filed 7/17/80; Order 7659, § 484-20-050, filed 7/28/77.] Repealed by 94-22-050, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW.

484-20-075 Aid and attendance account. [Statutory Authority: RCW 43.60A.070, 92-17-046, § 484-20-075, filed 8/14/92, effective 9/14/92; 80-09-069 (Order 80-01), § 484-20-075, filed 7/17/80; Order 7659, § 484-20-075, filed 7/28/77.] Repealed by 94-22-050, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW.

484-20-110 Fair hearing. [Statutory Authority: RCW 43.60A.070, 92-17-046, § 484-20-110, filed 8/14/92, effective 9/14/92; 80-09-069 (Order 80-01), § 484-20-110, filed 10/1/85; 80-09-069 (Order 80-01), § 484-20-110, filed 7/17/80; Order 7659, § 484-20-110, filed 7/28/77.] Repealed by 94-22-050, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW.


WAC 484-20-010 Definitions. The following words or phrases are used in this chapter in the meaning given, unless the context clearly indicates another meaning.

(1) Admission team - A team consisting of a designated veterans benefit specialist and designated medical or nursing staff.

(2) Adjudicative proceeding - In accordance with RCW 34.05.010(1), an adjudicative proceeding is a proceeding before an agency in which an opportunity for hearing before that agency is required by statute or constitutional right before or after the entry of an action by the agency.

(3) Administrative action - An act (as defined in RCW 34.05.010(3)) taken by the agency or state veterans home which implements or enforces a statute, applies an agency rule or order, or imposes sanctions or withholds benefits.

(4) Comprehensive care plan - A plan which outlines details of health care for medicare certified nursing facility residents.

(5) Cost of care.

(a) Daily rate - The maximum daily cost (rate) to provide care and services to a medicare recipient. The daily rate is set annually by the department of social and health services and applies to all medicare certified nursing facility residents. A different daily rate is established for the Washington veterans home, the Washington soldiers home, and the eastern Washington veterans home (also known as the Spokane veterans home).

(b) Private rate - The daily cost (rate) to provide services to state veterans home residents who have resource levels exceeding standards in WAC 484-20-040. There is a different private rate for nursing care and domiciliary care. The private rate is based on actual operating costs.

(c) Resident contribution - The monthly amount a resident pays to the state veterans home as partial payment of the cost of care. If the resident is a medicare recipient, the resident contribution is determined by the appropriate community service office. If the resident is not a medicare recipient, the resident contribution is determined by the facility. The resident contribution is recalculated with any change in the resident's monthly income.

(6) Department - The department of veterans affairs.

(7) Director - The director of the department of veterans affairs or his/her designee.

(8) Domiciliary care - Is the provision of a home, with necessary ambulant medical care. To be entitled to domiciliary care, the applicant must consistently have a disability,
WAC 484-20-015 Application for admission.

(1) Applications for admission to a state veterans home shall be made using forms prescribed by the department.

(2) All applications shall include either a copy of the applicant's military discharge or a statement from the applicable military service denoting the dates and character of service. An individual whose eligibility is based on the military service of a spouse shall provide proof of the spouse's military service.

(3) An admissions team shall:

(a) Review each application to ensure inclusion of all information and documents necessary to determine eligibility for admission;

(b) For admission to a medicaid certified nursing facility, ensure a preadmission screening (in accordance with state regulations at WAC 388-97-247 through 388-97-388) and if necessary a preadmission screening and resident review (PASRR) (in accordance with state regulations at WAC 388-97-247 through 388-97-260) have been conducted; and

(c) Recommend to the director that the application be approved or denied. The applicant shall receive written notice of the decision in accordance with WAC 484-20-103.

(4) Applications are reviewed and approved or denied in the order of receipt.

WAC 484-20-020 Conditions of eligibility for admission.

An applicant shall be eligible for admission only if he meets the requirements of chapter 72.36 RCW and this chapter.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-015, filed 9/9/04, effective 10/10/04; Statutory Authority: RCW 43.60A.070, chapter 72.36 RCW and 2001 2nd sp.s. c 4. 01-23-001, § 484-20-010, filed 11/7/01, effective 12/8/01; Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-010, filed 10/31/94, effective 12/1/94; Statutory Authority: RCW 43.60A.070, 92-17-046, § 484-20-010, filed 8/14/92, effective 9/14/92; 85-20-099 (Order 85-01), § 484-20-010, filed 10/1/85; 80-09-069 (Order 80-01), § 484-20-010, filed 7/17/80; Order 7659, § 484-20-010, filed 7/28/77.]
WAC 484-20-023 Admission to a state veterans home. (1) Each state veterans home maintains several waiting lists, one for each program or service offered. The names of applicants approved for admission shall be placed on the waiting list for the program or service which the admission team has determined shall be most appropriate based on their health care/service needs. Applicants shall be listed in order of approval.

(2) Applicants are admitted from the waiting lists in the order in which their applications are approved; subject to bed availability in the program or service area for which admission has been approved.

(3) An applicant may be denied admission, or be moved from one waiting list to another when in the interim between application approval and scheduled admission:
(a) The applicant's health care needs have changed to the extent that the program or service for which he/she was originally approved can no longer meet his/her health care needs; or
(b) The applicant's service needs have changed to such an extent that the facility can no longer meet the applicant's health care/service needs.

(4) Any applicant whose name has been on a waiting list over ninety days is required to submit an up-to-date medical information form completed by his/her physician prior to being given an admission date.

(5) If an applicant declines a scheduled admission, (s)he will be placed at the bottom of the appropriate service waiting list. The next person on the waiting list will be invited for admission.

(6) If the applicant's financial status changes substantially in the interim between application approval and scheduled admission, or additional financial information becomes available, the applicant must submit an updated financial information form. If the change in financial status makes the applicant ineligible, due to excess resources, the applicant may be admitted under the provisions of WAC 484-20-040.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-023, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-023, filed 8/14/92, effective 9/14/92; Order 7659, § 484-20-025, filed 7/28/77.]

WAC 484-20-024 Resident payment information. Prior to or shortly following admission, all residents receive information which states the resident contribution toward cost of care, the due date for monthly payments, the source of funds from which payment is to be made and the consequences of nonpayment.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-024, filed 10/31/94, effective 12/1/94.]

WAC 484-20-025 Eligibility—State residency. An applicant shall be a resident of the state of Washington at the time of application and at the time of admission to the state veterans home. An applicant shall be considered a Washington state resident if (s)he:

(1) Is living in the state at the time of application and has established residence either by declaring an intent to remain in the state or has an unbroken period of physical residence in the state;

(2) Is not living in this state at the time of application, but has demonstrated intent of remaining a resident of this state by maintaining a domicile or voting registration in this state or similar evidence of Washington state residency;

(3) Is not living in this state due to hospitalization or provision of similar care needs in another state resulting from transfer from a Washington state or federal health care or social service agency as long as the applicant has taken steps to maintain Washington state residency similar to subsection (2) of this section.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-025, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-025, filed 8/14/92, effective 9/14/92; Order 7659, § 484-20-025, filed 7/28/77.]

WAC 484-20-030 Eligibility—Military service. (1) An applicant must have served on active duty in:
(a) The armed forces of the United States government and must have received a discharge under honorable conditions;
(b) The state militia (Washington national guard), and have been disabled in line of duty or have received a discharge under honorable conditions;
(c) The Coast Guard, Merchant Mariners, or other non-military organization when such service was recognized by the United States government as equivalent to service in the armed forces and have received a discharge under honorable conditions as evidenced by possession of a DD214, or similar document in accordance with WAC 484-20-015(2).

(2) Admission priorities are granted in the following order:
(a) Veterans who meet all eligibility requirements of this chapter;
(b) Veterans who meet all eligibility requirements except indigency and who will become indigent through purchase of necessary health care;
(c) Spouses of veterans as described in WAC 484-20-055; and
(d) Veterans who meet all eligibility requirements except indigency and agree to pay at the private rate.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-030, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-030, filed 8/14/92, effective 9/14/92; 80-09-069 (Order 80-01), § 484-20-030, filed 7/17/80; Order 7659, § 484-20-030, filed 7/28/77.]

WAC 484-20-035 Eligibility—Transfer of resources. Eligibility for admission as related to transfer of resources is determined by application of medical assistance eligibility rules as defined in WAC 388-513-1364 through 388-513-1366.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-035, filed 9/9/04, effective 10/10/04; 94-22-050, § 484-20-035, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A-070. 92-17-046, § 484-20-035, filed 8/14/92, effective 9/14/92; 80-09-069 (Order 80-01), § 484-20-035, filed 7/17/80; Order 7659, § 484-20-035, filed 7/28/77.]

WAC 484-20-040 Eligibility—Indigency. (1) An applicant shall be considered indigent if:
(a) His/her assets and total annual income for the year following admission, less resources and income retained pur-
suant to WAC 484-20-065 and divided by twelve, does not exceed the private rate for the section/unit for which he/she is making application; or

(b) He/she is found eligible to receive medicaid.

(2) If an applicant does not meet the requirements of subsection (1) of this section, he/she may be eligible for admission if:

(a) He/she will become indigent through purchase of necessary long term care; or

(b) He/she agrees to make reasonable efforts to sell any nonliquid resources considered nonexempt under WAC 388-513-1350, and pay at the private rate.

(3) An applicant for residency in the colony of the Washington soldiers home may not have income in excess of the federal poverty level. Colony residents may own real property provided such property is the domicile of the colony resident and is located in the Orting school district.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-060, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-060, filed 8/14/92; effective 9/14/92; Order 7659, § 484-20-060, filed 7/28/77.]

WAC 484-20-045 Eligibility—Inability to support self/need for care. (1) To be eligible for admission an applicant must be indigent as defined in WAC 484-20-040 and be in need of:

(a) Medicaid certified nursing facility care as described in WAC 388-513-1315; or

(b) Nursing care other than medicaid certified nursing facility care; or

(c) Domiciliary care.

(2) Applicants who are not in need of care as described in subsection (1) of this section are eligible for admission only if their application includes a rehabilitation plan. Such applicants shall be admitted for a specific period as defined by the rehabilitation plan. Any reductions or extensions of the period of residency are made upon recommendation of the interdisciplinary patient care team and are based on the resident's progress toward meeting or refusal to meet goals outlined in the rehabilitation plan.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-040, filed 9/9/04, effective 10/10/04; 94-22-050, § 484-20-040, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A-070. 92-17-046, § 484-20-040, filed 8/14/92, effective 9/14/92; 95-20-099 (Order 85-01), § 484-20-040, filed 10/1/85; 80-09-069 (Order 80-01), § 484-20-040, filed 7/17/80; Order 7659, § 484-20-040, filed 7/28/77.]

WAC 484-20-055 Eligibility—Surviving spouse of veteran. The surviving spouse of a veteran may be admitted to a state veterans home provided:

(1) The veteran was a state resident at the time of death and would have been eligible for admission except for his/her income or resources; and

(2) The spouse:

(a) Meets the provisions of WAC 484-20-045; and

(b) Has not remarried a person who is not a state resident or who is not eligible for admission.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-055, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-055, filed 8/14/92, effective 9/14/92; 80-09-069 (Order 80-01), § 484-20-055, filed 7/17/80; Order 7659, § 484-20-055, filed 7/28/77.]

WAC 484-20-060 Eligibility—Married couple. A married couple may be admitted to a state veterans home provided:

(1) They both meet the requirements of WAC 484-20-045.

(2) They are legally married, and if not living together, are separated because of different health care needs.

(3) They have been married at least three years prior to application, or the spouse is personally eligible for admission.

(4) At least one meets the requirement of WAC 484-20-030.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-060, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-060, filed 8/14/92, effective 9/14/92; Order 7659, § 484-20-060, filed 7/28/77.]

WAC 484-20-061 Resident assessment and care plan. (1) In accordance with federal regulations at 42 C.F.R. § 438.20, the medicaid certified nursing facilities shall provide resident care based on a systematic, comprehensive, interdisciplinary assessment, and care planning process in which the resident actively participates.

(2) The medicaid certified nursing facility shall:

(a) Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity;

(b) At the time each resident is admitted, have physician orders for the resident's immediate care; and

(c) Ensure that the comprehensive assessment of a resident's needs describes the resident's capability to perform daily life functions and significant impairments in the functional capacity.

(3) The comprehensive assessment shall include at least the following information:

(a) Medically defined conditions and prior medical history;

(b) Medical status measurement;

(c) Physical and mental functional status;

(d) Sensory and physical impairments;

(e) Nutritional status and requirements;

(f) Special treatments or procedures;

(g) Mental and psychosocial status;

(h) Discharge potential;

(i) Dental condition;

(j) Activities potential;

(k) Rehabilitation potential;

(l) Cognitive status; and

(m) Drug therapy.

(4) The medicaid certified nursing facility shall conduct comprehensive assessments:

(a) No later than fourteen days after the date of admission;

(b) Promptly after any significant change in the resident's physical or mental condition; and

(c) In no case less often than once every twelve months.

(5) The medicaid certified nursing facility shall ensure:

(a) Each resident is examined no less than once every three months, and as appropriate, the resident's assessment is revised to assure the continued accuracy of the assessment; and
WAC 484-20-065 Use of residents' income and resources. (1) Monthly payments. Each month residents shall pay to the state veterans home all income in excess of the established personal needs allowance. This payment shall be known as the resident contribution as defined in WAC 484-20-010 (5)(c). Department policy establishes the payment due date. The amount paid shall not exceed the private rate for the program/service area in which the resident resides. Subsections (3) and (5) of this section list exceptions.

(2) Personal needs allowance.

(a) Single residents. If the resident's monthly income equals or exceeds the established personal needs allowance, he/she may retain the established personal needs allowance. If the individual's monthly income is less than the established personal needs allowance, his/her personal needs allowance shall be limited to:

(i) For residents who are medicaid recipients, the personal needs allowance authorized by the appropriate department of social and health services community service office; or

(ii) For residents who are not medicaid recipients to the income which he/she receives.

(b) Married residents, both residing in the state veterans home. If each individual's income equals or exceeds the established personal needs allowance, each may retain the established personal needs allowance. If one of the individual's monthly income is less than the established personal needs allowance, his/her personal needs allowance shall be limited to:

(i) For residents who are medicaid recipients, the personal needs allowance authorized by the appropriate department of social and health services community service office; or

(ii) For residents who are not medicaid recipients, to the income to which he/she has an individual right.

(3) Exceptions to monthly payments. (Note: This subsection (3) only applies to residents who are not medicaid recipients. The department of social and health services makes these types of determinations for residents who are medicaid recipients in accordance with applicable medicaid rules.) Residents may be authorized to retain (in addition to their personal needs allowance) the following:

(a) If a resident is on approved rehabilitation leave, monthly income which he/she would be entitled to receive if living in the community.

(b) If a resident is participating in an approved vocational rehabilitation program, the monthly vocational rehabilitation program earnings.

(c) If a resident is participating in a therapeutic employment program and it is documented in his/her plan of care,
monthly therapeutic employment earnings; except for medicaid recipients the amount retained shall not exceed limits established under medical assistance eligibility rules (WAC 388-478-0070, 388-513-1315, and 388-513-1395).

(4) Application for benefits/entitlements.
(a) Residents are required to apply for any and all entitlements or benefits as soon as they become eligible.
(b) Agency veterans benefit staff shall assist residents to make application for entitlements and benefits.
(c) Residents who apply for medicaid and meet medical need requirements but are over the resource limit, shall be advised to seek the necessary assistance (to include legal advice) to reduce their resources. Residents shall be billed at the private rate until medicaid resource limits are met.

(5) Support of a nonresident spouse.
(a) If a resident is a medicaid recipient and has a community spouse, the provisions of chapter 388-513 WAC apply; except where preempted by federal law; shall apply to income and resources.
(b) If a resident is not a medicaid recipient and has a community spouse, the provisions of chapter 388-513 WAC apply; except where preempted by federal law; shall be used to determine:
(i) Available and exempt income and resources with regard to eligibility and resident participation;
(ii) Ownership of income and resources; and
(iii) Participation by the community spouse.
(c) If a resident who is a medicaid recipient receives or accumulates funds in excess of resource limits in (a) of this subsection, the resident shall pay at the private rate until medicaid eligibility is reestablished.

(6) Only subsection (4)(a) and (b) of this section applies to residents of the colony at the Washington soldiers home.

(7) Resource limits.
(a) For residents who are medicaid recipients, resource limits are in accordance with medicaid rules found at chapter 388-513 WAC.
(b) For residents who are not medicaid recipients, resource limits shall be established by the facility using the medicaid resource limit for a single or a married individual; whichever is applicable.
(c) If a resident who is a medicaid recipient receives or accumulates funds in excess of resource limits in (a) of this subsection, the case shall be referred to the appropriate department of social and health services community service office to adjust the resident contribution and/or determine continuing medicaid eligibility. If the community service office determines the resident is no longer eligible to receive medicaid benefits, the resident shall pay at the private rate until medicaid eligibility is reestablished.
(d) If a resident who is not a medicaid recipient receives or accumulates funds in excess of resource limits in (b) of this subsection, the resident shall pay at the private rate until accumulated funds are reduced to the resource limit.
(e) Exceptions to the resource limits in (b) of this subsection may be granted on a case-by-case basis if a resident has an approved discharge plan which includes a goal to reestablish independent community living through either an approved rehabilitation leave or participation in an approved vocational rehabilitation program.

(8) Retroactive, lump sum benefits.
(a) If a medicaid recipient receives a retroactive, lump sum award of benefits, he/she shall be required to report the award to the appropriate department of social and health services community service office. If the resident continues to be eligible for medicaid, the community service office will issue a new medicaid award letter which adjusts the resident contribution if appropriate. If the community service office determines the resident is no longer medicaid eligible, the award shall be counted as income for the month(s) in which moneys would have been received and the resident shall pay retroactively the resident contribution due from date of admission to date of receipt of the retroactive lump sum award; except the resident contribution will not be collected for those months during which the resident received medicaid benefits. If the resident's resources still exceed medicaid resource limits, the resident shall pay at the private rate until medicaid eligibility is reestablished.
(b) If a resident who is not a medicaid recipient receives a retroactive lump sum award, the award shall be counted as income for the month(s) in which moneys would have been received and the resident shall pay retroactively the resident contribution due from date of admission to date of receipt of the retroactive lump sum award.

(9) The estate of any individual who is a resident at the time of death will be charged for the balance of any cost of care which the resident did not pay during his/her residency in the state veterans home. The state veterans home shall periodically inform the resident of the total amount of any past due cost of care. For residents who are medicaid recipients, recovery shall be in accordance with chapter 388-527 WAC. For any resident who is not a medicaid recipient, recovery shall be in accordance with a written agreement made at the time of admission.

(10) For any partial months of residency the resident's contribution shall apply first.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-065, filed 9/9/04, effective 10/10/04; 95-07-082, § 484-20-065, filed 3/16/95, effective 4/16/95. Statutory Authority: RCW 43.60A.070 and 72.36.120. 94-04-001, § 484-20-065, filed 1/20/94, effective 2/20/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-065, filed 8/14/92, effective 9/14/92; 85-20-099 (Order 85-01), § 484-20-065, filed 10/1/85; 80-09-069 (Order 80-01), § 484-20-065, filed 7/17/80; Order 7659, § 484-20-065, filed 7/28/77.]

WAC 484-20-068 Resident council.
(1) Each facility shall have resident council consisting of representatives elected by facility residents. Elections shall be held annually.
(2) The council shall annually elect a chair from among its members. The chair shall call and preside at council meetings.
(3) The resident council shall serve in an advisory capacity to the respective superintendents and to the director in all matters related to policy and operational decisions affecting resident care and life in the facility, to include, but not be limited to, input into the biennial budget making process and facility supplementary policies and procedures. The superintendent shall give due and proper consideration to such input.
(4) Each resident council shall:
(a) Actively participate in development of choices regarding activities, food, living arrangements, personal care and other aspects of resident life; and
(b) When so requested by a resident, serve as an advocate in resolving grievances and ensuring resident rights are observed.

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(5) Benefit fund.
   (a) The resident council for each state veterans home shall annually review the proposed expenditures from the benefit fund. The resident council approves expenditures from the state veterans home benefit fund.
   (b) Disbursements from the benefit fund shall be authorized by the superintendent after approval by the state veterans home resident council.
   (c) Bylaws shall be reviewed annually and amended as deemed appropriate by a majority vote of the residents.
   (d) Bylaws shall include, but not be limited to definitions of mechanisms for:
      (i) Annual elections of council members and chair;
      (ii) Make up and responsibilities of any council committees;
      (iii) Meeting schedules;
      (iv) Determining the number of council members; and
      (v) To ensure provisions for participation and representation from the Medicaid certified nursing facility sections, should those residents choose to participate in resident council activities. When considering benefit fund related issues/expenditures in accordance with chapter 72.36 RCW and WAC 484-20-070, state veterans home benefit fund, the resident council shall ensure representation from the Medicaid certified nursing facility sections.
   (e) The superintendent at each facility shall review and sign the bylaws, indicating agreement with and support of the bylaws.
   (f) The resident council shall meet with the superintendent monthly and with the department director three times annually.
   (g) Each resident council shall be provided the following:
      (a) Meeting space;
      (b) Appropriate equipment and supplies; and
      (c) Clerical support for minutes of all resident council meetings as requested.

WAC 484-20-070 State veterans home benefit fund.
(1) Each veterans home shall maintain a benefit fund into which all private donations, bequests, and gifts to the facility shall be deposited.
   (2) The resident council shall participate in the identification of resident and facility needs for benefit fund solicitations.
   (3) The resident council shall develop proposals for expenditures from the benefit fund. The minutes of the resident council meetings shall reflect the council's discussion and decision-making process related to proposed benefit fund expenditures. Facility fiscal staff may assist the resident council in the development of expenditure proposals as requested. The resident council shall ensure all areas of the state veterans home, including the Medicaid certified nursing facility, are represented during the council's discussion and decision-making process related to proposed benefit fund expenditures.
   (4) Expenditures from the benefit fund shall be made as approved by the resident council and authorized by the superintendent. Whenever individuals or groups have made a donation, bequest or gift to a state veterans home and have designated a specific purpose for such donation, bequest or gift, the resident council and the superintendent shall take such designated purpose into account when approving expenditure of the funds. Should the resident council and the superintendent disagree over an expenditure approved by the resident council, the resident council or the superintendent may request a review by the director.
   (5) Disbursements from the benefit fund shall be for the benefit and welfare of the residents of the respective state veterans home.
   (6) The resident council shall receive monthly reports of income to and expenditures from the benefit fund.

WAC 484-20-080 Annual declaration of income and resources. (1) Each resident shall promptly provide the superintendent or designated representative with a statement reflecting all income and resources:
   (a) Annually, at such time as determined by department policy;
   (b) Within fourteen days of any change in income;
   (c) Within fourteen days of receipt of any lump sum/back-award payment of benefits. The department shall provide forms for reporting of income and resources; and
   (d) If the resident is able to demonstrate good cause, exceptions may be made to the reporting deadlines in (b) and (c) of this subsection.
   (2) Each resident shall comply with any reporting requirements necessary to initiate/continue any benefits and/or pensions to which he/she is entitled.
   (3) Reports shall be made at intervals and on forms prescribed by the entity paying the benefits and/or pension. Copies shall be submitted to the facility's administration for filing in the resident's administrative file:
      (a) U.S. Department of Veterans Affairs benefits — As prescribed by the U.S. Department of Veterans Affairs.
      (b) Social Security benefits — As prescribed by the Social Security Administration.
      (c) Medicaid benefits — As prescribed by the department of social and health services.
      (d) Other pensions and benefits — As prescribed by the entity paying the pension/benefit.
   (4) When a resident is authorized to contribute to the support of a dependent under WAC 484-20-065, the dependent shall also be required to comply with any required reporting intervals, using the prescribed form(s).
   (5) The veterans benefit specialist and business office staff at each facility shall be available to assist residents to
complete and submit appropriate reports in a timely manner and to resolve any underpayment or overpayment of benefits.

(6) Failure to comply with all income and resource reporting requirements may result in overpayment or underpayment of the resident contribution. Underpayment of the resident contribution may be grounds to begin discharge proceedings in accordance with WAC 484-20-120. Notice of such administrative action shall be given in accordance with WAC 484-20-103.

[WAC 484-20-085 Residents' rights and facility rules. All residents and facility staff shall be furnished a copy of the facility's policies regarding resident rights and a copy of chapter 484-20 WAC. Residents receive this information at the time of admission and within fifteen days of any change.

[WAC 484-20-086 Restraints/prevention of abuse—Medicaid certified nursing facility. (1) Restraints. In accordance with federal regulations at 42 C.F.R. § 483.13, the resident has the right to be free from any physical or chemical restraints imposed for purposes of:

(a) Discipline or convenience, and not required to treat the resident's medical symptoms; or

(b) Preventing or limiting independent mobility or activity, except that a restraint may be used in a bona fide emergency situation when necessary to prevent a person from inflicting injury upon self or others. The medicaid certified nursing facility shall obtain within seventy-two hours a physician's order for proper treatment resolving the emergency situation and eliminating the cause for the restraint.

(2) Abuse. The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

(a) The medicaid certified nursing facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property.

(b) The medicaid certified nursing facility shall:

(i) Not use verbal, mental, sexual, or physical abuse, corporal punishment or involuntary seclusion; and

(ii) Not employ persons who have been:

(A) Found guilty of abusing, neglecting or mistreating residents; by a court of law; or

(B) Have had a finding entered into the state nurse aide registry concerning abuse, neglect, mistreatment of residents, and misappropriation of their property; and

(iii) Report any knowledge it has of actions by court of law against an employee, which would indicate unfitness for services as a nurse aide or other medicaid certified nursing facility staff to the state nurse aid registry or licensing authorities.

(c) The medicaid certified nursing facility shall ensure that all alleged violations involving mistreatment, neglect or abuse including injuries of unknown source, and misappropriation of resident property are reported immediately to the superintendent or designated representative of the medicaid certified nursing facility and to other officials in accordance with state law through established procedures (including the state survey and certification agency).

(d) The medicaid certified nursing facility shall:

(i) Have evidence that all alleged violations are thoroughly investigated; and

(ii) Prevent further potential abuse while the investigation is in progress.

(e) The results of all investigations shall be reported to the superintendent or his/her designated representative and to other officials in accordance with state law (including to the state survey and certification agency) within five working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

[WAC 484-20-087 Resident rights. In compliance with federal requirements at 42 C.F.R. § 483.10, residents of a state veterans home have the right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the state veterans home. The state veterans homes shall protect and promote the rights of each resident, including those with limited cognition or other barriers that limit the exercise of rights:

(1) Exercise of rights.

(a) The resident has the right to exercise his or her rights as a resident of the state veterans home and as a citizen or resident of the United States.

(b) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the state veterans home in exercising his or her rights.

(c) In the case of a resident adjudged incompetent under the laws of the state by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed under state law to act on the resident's behalf.

(d) In the case of a resident who has not been adjudged incompetent by the state court, any legal-surrogate designated in accordance with state law may exercise the resident's rights to the extent provided by state law.

(e) The state veterans home shall not require the resident to sign any contract or agreement that purports to waive any right of the resident.

(2) Notice of rights and services.

(a) The state veterans home shall inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the state veterans home. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it shall be acknowledged in writing.

(b) The resident or his or her surrogate decision maker has the right:
(i) Upon an oral or written request, to access all records pertaining to the resident including clinical records within twenty-four hours for medicaid certified nursing facility residents and according to chapter 70.129 RCW, for other facility residents; and

(ii) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard, photocopies of the records or any portions of them upon request and two working days advance notice to the state veterans home.

(c) The resident has the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.

(d) The resident has the right to refuse treatment, and to refuse to participate in experimental research; and

(e) The state veterans home shall according to federal regulations at 42 C.F.R. § 483.10 (c)(8):

(i) Inform each resident who is entitled to medicaid benefits, in writing, at the time of admission to the medicaid certified nursing facility or, when the resident becomes eligible for medicaid of:

(A) The items and services that are included in medicaid certified nursing facility services under the state plan and for which the resident may not be charged;

(B) Those other items and services that the state veterans home offers and for which the resident may be charged, and the amount of charges for those services; and

(ii) Inform each resident when changes are made to the items and services specified in (e)(i)(A) and (B) of this subsection.

(f) The state veterans home shall inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the state veterans home and of charges for those services, including any charges for services not covered under medicaid or the medicaid certified nursing facility daily rate.

(g) Disclosure of fees. Prior to admission, the state veterans home shall provide the applicant information on the amount which will be due upon admission.

(h) The state veterans home shall furnish a written description of legal rights which includes:

(i) A description of the manner of protecting personal funds, under subsection (3) of this section;

(ii) In the case of a medicaid certified nursing facility resident, a description of the requirements and procedures for establishing eligibility for medicaid, including the right to request an assessment which determines the extent of a couple's nonexempt resources at the time of admission and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the resident's medical care in his or her process of spending down to medicaid eligibility levels;

(iii) A posting of names, addresses, and telephone numbers of all pertinent state client advocacy groups such as the state survey and certification agency and the state ombudsman program, the protection and advocacy network, and the medicaid fraud control unit; and

(iv) A statement that the resident may file a complaint with the state survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the state veterans home.

(i) The state veterans home shall inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

(j) The medicaid certified nursing facility shall prominently display in the medicaid certified nursing facility written information and provide to residents and applicants for admission oral and written information about how to apply for and use of medicare and medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

(k) Notification of changes.

(i) The state veterans home must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's surrogate decision maker and when appropriate, with the resident's consent, an interested family member when there is:

(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;

(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);

(C) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or

(D) A decision to transfer or discharge the resident from the state veterans home.

(ii) The state veterans home shall also promptly notify the resident and, if known, the resident's surrogate decision maker and when appropriate, with the resident's consent an interested family member when there is:

(A) A change in room or roommate assignment; or

(B) A change in resident rights under federal or state law or regulations.

(iii) The facility must record and periodically update the address and phone number of the resident's surrogate decision maker and interested family member.

(3) Protection of resident funds.

(a) The resident has the right to manage his or her financial affairs, and the state veterans home may not require residents to deposit their personal funds with the state veterans home.

(b) Management of personal funds. Upon written authorization of a resident, the state veterans home shall hold, safeguard, manage, and account for the personal funds of the resident deposited with the state veterans home.

(c) Accounting and records. The state veterans home must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(i) The system must preclude any commingling of resident funds with state veterans home funds or with the funds of any person other than another resident.

(ii) The individual financial records must be available through quarterly statements on request to the resident or his or her legal representative.
(d) Notice of certain balances. The state veterans home shall notify each resident that receives medicaid benefits:
   (i) When the amount in the resident's account reaches two hundred dollars less than the SSI limit for one person; and
   (ii) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI limit for one person, the resident may lose eligibility for medicaid or SSI.

(e) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the state veterans home, the state veterans home must convey within thirty days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.

(f) Assurance of financial security. The state veterans homes are self-insured and assure the security of personal funds of residents deposited with the state veterans home.

(g) Limitation on charges to personal funds. The state veterans home may not impose a charge against the personal funds of a resident for any item or service for which payment is made under medicaid, medicare or the U.S. Department of Veterans Affairs.

(h) The state veterans home shall:
   (i) Not charge a resident (or the resident's representative) for any item or service not requested by the resident;
   (ii) Not require a resident (or the resident's representative) to request any item or service as a condition of admission or continued stay; and
   (iii) Inform the resident (or the resident's representative) requesting an item or services for which a charge will be made that there will be a charge for the item or service and what the charge will be.

(4) Free choice. The resident has the right to:
   (a) Choose a personal attending physician;
   (b) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and
   (c) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the state, participate in planning care and treatment or changes in care and treatment.

(5) Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.
   (a) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the state veterans home to provide a private room for each resident;
   (b) Except as provided in (c) of this subsection, the resident may approve or refuse the release of personal and clinical records to any individual outside the state veterans home;
   (c) The resident's right to refuse release of personal and clinical records does not apply when:
      (i) The resident is transferred to another health care institution; or
      (ii) Record release is required by law.

(6) Grievances. A resident has the right to:
   (a) Voice grievance without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished; and
   (b) Prompt efforts by the state veterans home to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(7) Examination of survey results. A resident has the right to:
   (a) Examine the results of the most recent survey or complaint investigation of the medicaid certified nursing facility conducted by federal or state surveyors or inspectors and any plan of correction in effect with respect to the medicaid certified nursing facility. The medicaid certified nursing facility shall:
      (i) Publicly post a copy of the most recent survey and complaint investigation until the violation is corrected to the satisfaction of the department of social and health services, up to a maximum of one hundred twenty days;
      (ii) Make a copy of the survey results available for examination in a place readily accessible to residents;
      (iii) Post a notice that the results of the survey or investigation are available and the location of the surveys when not posted; and
      (iv) Post surveys and notices in a place or places in plain view of the residents in the medicaid certified nursing facility, persons visiting those residents, and persons who inquire about placement in the medicaid certified nursing facility; and
   (b) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

(8) Work. The resident has the right to:
   (a) Refuse to perform services for the state veterans home;
   (b) Perform services for the state veterans home, if he or she chooses, when:
      (i) The state veterans home has documented the need or desire for work in the plan of care;
      (ii) The plan specifies the nature of the services performed and whether the services are voluntary or paid; and
      (iii) The resident agrees to the work arrangement described in the plan of care.

(9) Mail. The resident has the right to privacy in written communications, including the right to:
   (a) Send and promptly receive mail that is unopened; and
   (b) Have access to stationery, postage, and writing implements at the resident's own expense.

(10) Access and visitation rights.
   (a) The resident has the right and the state veterans home shall provide immediate access to any resident by the following:
      (i) Any representative from the federal or state agency administering medicaid or U.S. Department of Veterans Affairs health care programs;
      (ii) The resident's individual physician;
      (iii) Any representative of the state long term care ombudsman (established under section 307 (a)(12) of the Older American's Act of 1965);
      (iv) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
WAC 484-20-088 Quality of life—Medicaid certified nursing facility. In accordance with federal requirements at 42 C.F.R. § 483.15, the Medicaid certified nursing facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

1. Dignity.
   a. The Medicaid certified nursing facility shall promote care for residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.
   b. The Medicaid certified nursing facility shall provide treatment and care of each resident's personal care needs in a private area free from exposure to persons not involved in providing that care.

2. Self-determination and participation. The resident has the right to:
   a. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;
   b. Interact with members of the community both inside and outside the state veterans home; and
   c. Make choices about aspects of his or her life in the state veterans home that are significant to the resident.

3. Participation in resident and family groups.
   a. A resident has the right to organize and participate in resident groups in the state veterans home;
   b. A resident's family has the right to meet in the state veterans home with the families of other residents in the state veterans home;
   c. The Medicaid certified nursing facility shall provide a resident or family group, if one exists, with private space;
   d. Staff or visitors may attend meetings at the group's invitation;
   e. The Medicaid certified nursing facility shall provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings; and
   f. When a resident or family group exists, the Medicaid certified nursing facility shall listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the Medicaid certified nursing facility.

4. Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the state veterans home.

5. Accommodation of needs. A resident has the right to reside and receive services in the Medicaid certified nursing facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

6. Activities. The Medicaid certified nursing facility shall:
   a. Provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.
   b. Provide activities meaningful to the residents seven days a week at various times throughout the day and evening based on individual resident's need and preference;
The activities program must be directed by a qualified professional who:

(i) Is a qualified therapeutic recreation specialist or an activities professional who:

(A) Is licensed or registered, if applicable, by the state; and

(B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

(ii) Has two years of experience in a social or recreational program within the last five years, one or which was full-time in a patient activities program in a health care setting; or

(iii) Has completed a training course approved by the state.

(7) Social services.

(a) The state veterans home shall provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(b) A medicaid certified nursing facility with more than one hundred twenty beds shall employ a qualified social worker on a full-time basis.

(c) A qualified social worker is an individual with:

(i) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and

(ii) One year of supervised social work experience in a health care setting working directly with individuals.

(8) Environment. The state veterans home shall:

(a) Provide a safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;

(b) Provide housekeeping and maintenance service necessary to maintain a sanitary, orderly, and comfortable interior;

(c) Maintain comfortable sound levels, to include:

(i) Minimizing the use of the public address system to ensure each use is in the best interest of the residents; and

(ii) Taking reasonable precautions with noisy services so as not to disturb residents, particularly during their sleeping time.

(9) Pets. Each resident shall have a reasonable opportunity to have regular contact with animals.

(a) The state veterans home shall consider the recommendations of residents, resident councils, and staff, and shall:

(i) Determine the method or methods of providing residents access to animals;

(ii) Determine the type and number of animals available in the state veterans home. Such animals may include those customarily considered domestic pets. Wild or exotic animals prohibited as pets under state law are not allowed;

(iii) Ensure the rights, preferences, and medical needs of the individual resident is not compromised by the presence of the animal; and

(iv) Ensure any animal visiting or living on the premises has a suitable temperament, is healthy, and otherwise poses no significant health or safety risks to residents, staff or visitors.

(b) Animals living on the state veterans home premises shall:

(i) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state; and

(ii) Be veterinarian certified to be free of diseases transmittable to humans.

(c) Pets shall be restricted from areas where food is prepared, treatments are being performed, or when residents object to the presence of pets.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-088, filed 10/31/94, effective 12/1/94.]

WAC 484-20-089 Washington Soldiers Home Colony—Rights and responsibilities. (1) Individuals eligible for the colony program, hereinafter called "colony residents," shall have access to the following programs available to residents of the Washington soldiers home and subject to certain restrictions as noted:

(a) Participation in the facility's activities programs. Participation in off-grounds activities may require a copayment to defray a portion of the costs of the activity.

(b) Transportation to medical appointments, provided that such transportation does not exceed those transportation services provided to residents of the Washington soldiers home. The superintendent may require a copayment for transportation provided by the facility.

(c) Distribution of medications from the facility's pharmacy to the extent that colony residents cannot obtain such medications through private, state and/or federal medical insurance programs for which the colony resident is eligible. In the event that the colony resident is ineligible for such medical insurance programs, the superintendent may require that a copayment be paid by the colony resident.

(d) In-patient nursing care when authorized by facility medical staff and when such care is not otherwise available through private, state, or federal government medical insurance programs for which the colony resident is eligible. When admitted to a facility nursing care unit and the in-patient stays exceed fourteen calendar days per year, the superintendent may require that the colony resident make a copayment for nursing care services. Such copayments shall be a set per diem amount as determined by department policy except as waived by the director.

(e) Admission to a state veterans home as a long-term resident. Colony residents are required to complete a standard application for admission. They shall be placed at the top of any existing waiting list for the type of care they require unless the date of their admission to the colony is later than another applicant on the same waiting list. In such cases, the colony resident's place on the waiting list shall be preceded only by any applicant(s) whose application was approved on a date preceding the colony resident's.

(f) Cash stipends for food allowances and clothing, as determined by the director and allocated by the legislature.

(g) If a resident has stated he/she wishes to be buried in the state veterans home cemetery, burial will be in accordance with WAC 484-20-145.

(2) Colony residents shall:

(a) Promptly provide the superintendent with a statement reflecting all income and resources:

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(i) Annually, at such time as determined by department policy;
(ii) Within fourteen days of any change in income or resources;
(b) Comply with rules of conduct as outlined in WAC 484-20-090 when participating in programs sponsored by the Washington soldiers home.
(d) Maximize all benefits and entitlements for which they are eligible, utilizing services, and/or obtaining goods available through such local, state, or federal programs prior to utilizing services or obtaining goods through the Washington soldiers home.
(e) Failure to comply with any subsection of WAC 484-20-089 may result in denial of benefits received under this section. Notice of such denial will be given in accordance with WAC 484-20-103.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-089, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-089, filed 8/14/92, effective 9/14/92.]

WAC 484-20-090 State veterans home rules. Residents of the state veterans homes are expected to comply with the following facility rules. Facility rules apply to all residents:

(1) Health and safety rules.
(a) Emergency evacuation. Any time a fire or alarm is sounded, domiciliary residents must immediately evacuate the building and report to the designated evacuation area. Residents may not enter the evacuated building until designated staff indicate all is clear. Nursing care unit residents must follow the instructions of the nursing staff.
(b) Community living skills. The condition of residents living quarters or other common use areas. This includes but is not limited to walls (e.g., for hanging pictures), other electrical equipment requires the written approval of the Washington soldiers home.
(d) Respect for property. No person may deface or destroy walls, buildings, trees, shrubbery, fences, grounds, or any other property or possessions belonging to the state of Washington or to any other person. Appropriation of the property of another person, corporate entity or the state of Washington without permission is also prohibited. Residents are required to reimburse the state veterans home for theft and intentional or negligent injury to state property.
(e) Vehicle registration. Vehicles kept on state veterans home property must be registered at least annually with the state veterans home administration. Residents who drive on the state veterans home property must: Possess a valid Washington state driver's license; provide proof of ownership and/or registration; and, show proof of at least minimal insurance as required by Washington state financial responsibility law. The requirement to register applies to vehicles owned by residents, owned by another and registered in the name of the resident, and/or any vehicle regardless of ownership that is regularly in the possession of the resident. Vehicles must

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have current license tags and they must display the state veterans home identification sticker. All traffic and parking control signs must be obeyed.

(5) Personal conduct between residents and others. Residents are expected to refrain from obscene, sexually or racially demeaning, threatening language, or behavior, or physically assaultive behavior. Such behavior, directed at another person, whether on the grounds or off the grounds during a state veterans home-sponsored activity, will be considered a violation of this rule.

[Statutory Authority: RCW 43.60A.070, chapter 72.36 RCW and 2001 2nd sp.s. c 4, 01-23-001, § 484-20-090, filed 11/7/01, effective 12/8/01. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-090, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-103, filed 9/9/04, effective 10/10/04. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-090, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-090, filed 10/31/94, effective 12/1/94.]

WAC 484-20-095 Supplementary policies and procedures. The superintendent or designated representative of each state veterans home shall establish supplementary policies and procedures consistent with the substance and intent of the rules in this chapter and applicable federal and state statutes and standards.

[Statutory Authority: RCW 43.60A.070, chapter 72.36 RCW and 2001 2nd sp.s. c 4, 01-23-001, § 484-20-095, filed 11/7/01, effective 12/8/01. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-090, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070, 92-17-046, § 484-20-090, filed 8/14/92, effective 9/14/92; 85-20-099 (Order 85-01), § 484-20-090, filed 10/1/85; 80-09-069 (Order 80-01), § 484-20-090, filed 7/17/80; Order 7659, § 484-20-090, filed 7/28/77.]

WAC 484-20-100 Violation—Investigation. (1) Reports of possible violations of state veterans home rules shall be investigated by the superintendent or his/her designee.

(2) The superintendent charging a violation of the rules or other misconduct by a resident shall have the burden of establishing the violation by clear, cogent and convincing evidence.

(3) Investigations of all substantiated violations of the rules shall include a referral to the patient care planning team to review the rules violations with the resident and any resulting modifications to the care plan.

(4) Should the investigation reveal that the resident has violated state veterans home rules on several occasions and has refused to follow through with recommended treatment, counseling, and/or corrective actions, as documented in the clinical record, the investigation shall be forwarded to the superintendent for review and determination of appropriate administrative action. Any administrative action proposed pursuant to this section shall be given in accordance with WAC 484-20-103.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-100, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-100, filed 8/14/92, effective 9/14/92; 85-20-099 (Order 85-01), § 484-20-100, filed 10/1/85; 80-09-069 (Order 80-01), § 484-20-100, filed 7/17/80; Order 7659, § 484-20-100, filed 7/28/77.]

WAC 484-20-103 Administrative action, notice of. (1) The state veterans home must notify the resident and the resident's representative, and make a reasonable effort to notify, if known, an interested family member of any proposed administrative action, as defined in RCW 34.05.010(3) and this chapter. Exceptions are indicated in subsection (4) of this section.

(2) All notices of proposed administrative actions must be given in writing, in a manner which the resident understands at least thirty days before the proposed administrative action will occur. Except, notice may be given as soon as practical before a transfer or discharge when:

(a) The safety of individuals in the state veterans home would be endangered;

(b) The health of individuals in the state veterans home would be endangered;

(c) An immediate transfer or discharge is required by the resident's urgent medical needs; or

(d) A resident has not resided in the facility for thirty days.

(3) All written notices must include:

(a) The reason for the proposed action;

(b) The effective date of the proposed action;

(c) If the proposed action is a transfer or discharge, the location to which the resident is to be transferred or discharged;

(d) The name, address and telephone number of the state long-term care ombudsman.

(4) For medicaid certified nursing facility residents notice of transfer or discharge is governed by WAC 388-97-042.

(5) For all transfers or discharges, staff must give sufficient preparation and orientation to residents to ensure a safe transfer or discharge from the state veterans home.


WAC 484-20-105 Dispute settlement. Residents have two avenues to appeal an administrative action.

Exception: Transfer and/or discharge of a medicaid certified nursing facility resident is governed by WAC 388-97-042. Transfer and/or discharge appeals is governed by WAC 388-97-043.

(1) Informal settlement. Informal settlement of matters that may make more elaborate proceedings unnecessary under this chapter is strongly encouraged. Use of the informal settlement process does not preclude a resident from requesting an adjudicative proceeding at any time during the informal settlement process.

(a) An informal settlement to review an administrative action by the department may be requested by forwarding a written request to the superintendent, not later than twenty-one days following receipt of the written notice of an administrative action by the state veterans home.

(b) Within fourteen days of receipt of the request for review, the superintendent or his/her designee shall review the administrative action and shall inform the resident of his/her decision to uphold, modify or reverse the administrative action. Notification of the superintendent's decision will be given in writing and in all cases the superintendent's deci-
sion shall be final except in the case of a request to continue the matter through an adjudicative proceeding.

(2) Adjudicative proceeding. An adjudicative proceeding is a formal appeal of an administrative action.

(a) An adjudicative proceeding may be requested by forwarding a written request to the superintendent not later than twenty-one days from the date the resident receives the notice of an administrative action or a final decision under the informal settlement provisions of this section.

(b) All such requests shall include a statement of whether the resident is represented and, if so, the name and address of the representative and be signed by the resident or his/her legal representative.

(c) The department shall immediately forward the request to the office of administrative hearings for scheduling of an administrative hearing pursuant to chapters 34.05 and 34.12 RCW and chapter 10-08 WAC.

(d) Any administrative action imposed pursuant to this chapter shall be deferred until the outcome of the administrative hearing except in cases of discharge under WAC 484-20-120 (1)(a), (b), and (c).

(e) Administrative hearings pursuant to this subsection shall be conducted in the state veterans home in which the client resides except that in cases of discharge under WAC 484-20-120 (1)(e), the hearing shall be conducted in a location which is jointly agreed upon by both parties.

(f) Initial orders issued by the administrative law judge shall become final twenty-one days following issuance, unless the complaining party or the state veterans home requests a review of the order. In the case of such a review, the director or his/her designee, serving as the department's reviewing officer, shall conduct a review pursuant to chapter 34.05 RCW and issue a final order in the matter under consideration.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-105, filed 9/9/04, effective 10/10/04; 94-22-050, § 484-20-105, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070, 92-17-046, § 484-20-105, filed 8/14/92, effective 9/14/92; 85-20-099 (Order 85-01), § 484-20-105, filed 10/1/85; Order 7659, § 484-20-105, filed 7/28/77.]

WAC 484-20-111 Grievance procedure. (1) Department grievance procedures shall consist of an optional informal discussion process and a formal process.

(a) Any resident, his or her appointed representative, family member or advocate may file a grievance related in any way to the state veterans home, another resident or a state veterans home staff.

(i) Filing. Grievance may be filed either orally or in writing to designated social work staff. Any oral grievance shall be reduced to writing by the staff receiving the grievance.

(ii) Grievances must be filed within fourteen days of the event or discovery of the event being grieved. This deadline may be extended for good cause at the discretion of the designated social work staff.

(iii) Grievance forms are available and located in easily accessed locations throughout the state veterans home. Completed grievance forms must be signed by the resident or individual filing the grievance on behalf of the resident and forwarded to designated social work staff for investigation.

(b) A resident shall not be subject to discipline or retaliation for participating in any manner in the state veterans home's grievance process.

(c) Residents are not prohibited from requesting an adjudicative proceeding or from filing a grievance with any state client advocacy group such as the state survey and certification agency or the state ombudsman program at any time during the grievance resolution process.

(2) Informal discussion process. Residents are encouraged to attempt to resolve grievances through an informal discussion with individuals who are involved. A grievance investigator shall facilitate such a discussion upon request.

(3) Formal grievance process.

(a) Investigation. Designated social work staff shall investigate all grievances received.

(i) In accordance with federal regulations at 42 C.F.R. § 483.13, the medicaid certified nursing facility shall:

(A) Ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property are reported immediately to the superintendent and to other officials in accordance with state law through established procedures (including the state survey and certification agency);

(B) Have evidence that all alleged violations are thoroughly investigated; and

(C) Prevent further potential abuse while the investigation is in progress.

(ii) The results of all investigations shall be reported to the superintendent or his/her designated representative and to other officials in accordance with state law (including to the state survey and certification agency) within five working days of the incident, and if the alleged violation is verified, appropriate corrective action must be taken.

(b) At any point in the grievance process, a resident may choose to have another individual (including the resident council grievance committee, if one exists) to advocate on his/her behalf and/or accompany him/her to any investigative interviews.

(c) The grievance investigation shall be completed within seven days of receipt of the written grievance by the designated social work staff.

(d) The resident and/or person filing the grievance on behalf of the resident shall be informed in writing of the results of the investigation and the actions that will be taken to correct any identified problems.

(e) The grievance investigation shall be conducted in such a manner as to maintain the confidentiality of the resident. Should the resident request assistance of an outside resident advocate, access to the resident's clinical or personal files shall be granted only with the written authorization from the resident.

(4) Should the resident not be satisfied with the results of the investigation or the recommended actions, he/she may request a review by the superintendent.

(a) Such a request shall be made in writing and submitted within seven days of receipt of the notice of the results of the grievance investigation.

(b) The superintendent shall consider all available information related to the grievance and issue a written decision on the matter within fourteen days of receipt of the review request.

(9/9/04)
(c) The superintendent's decision is final except when the resident chooses to access the dispute settlement process allowed in WAC 484-20-105.

(5) Upon admission, each resident or his/her appointed representative shall receive oral and written information related to the state veterans home's grievance procedure. Poster informing residents of the state veterans home's grievance procedure and listing names and phone numbers of state veterans home staff and outside resident advocates who are available to assist with grievance resolution shall be placed in locations within each state veterans home where they are easily visible to residents.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-111, filed 10/31/94, effective 12/1/94.]

WAC 484-20-115 Furlough—Residents other than medicaid certified nursing facility residents. (1) Residents are encouraged to coordinate with their attending physician and receive instructions on how to continue any prescribed care, treatment or medication during any furlough.

(2) Authorized absences of ninety-six hours or less are not considered furloughs.

(3) A furlough may not exceed fifteen days at any one time except in the case of an emergency or extenuating circumstances.

(4) Furlough time may not exceed thirty days in any twelve-month period without a review for continued need for care and services.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-115, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-120, filed 8/14/92, effective 9/14/92; Order 7659, § 484-20-115, filed 7/28/77.]

WAC 484-20-116 Social leave—Medicaid funded program residents. (1) Medicaid certified nursing facility residents and staff shall comply with state regulations related to social leave under WAC 388-97-047.

(2) Medicaid certified nursing facility staff shall assist residents in obtaining CSO approval for social leave.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-116, filed 9/9/04, effective 10/10/04; 94-22-050, § 484-20-116, filed 10/31/94, effective 12/1/94.]

WAC 484-20-117 Rehabilitation leave. Rehabilitation leave is granted for the sole purpose of permitting a resident the opportunity to reestablish residency in a community setting.

(1) Rehabilitation leave is granted in thirty-day increments not to exceed a total of ninety days. At the conclusion of each thirty-day increment, the resident shall contact the facility and request a discharge, extend the rehabilitation leave for an additional thirty days, or make arrangements to return to the facility.

(2) To be eligible for rehabilitation leave, the resident shall comply with all of the following:

(a) Participate in counseling with social work and/or vocational rehabilitation staff and rehabilitation leave planning.

(b) Participate in counseling with family members if the resident shall be residing with family.

(c) Show proof of having established residency in the community through a rental agreement, a receipt showing prepayment for living quarters or evidence of other appropriate living arrangements.

(d) Demonstrate ability to manage financial resources and meet living expenses.

(e) Sign an agreement stipulating a payment schedule for any existing debts to the facility.

(f) Have written recommendations from the attending physician and social services staff; evaluating the potential success of the rehabilitation leave plan.

(3) A resident on rehabilitation leave may return at any time during the leave period; however immediate return shall be dependent upon the availability of a bed in the appropriate level of care. If a bed is not immediately available, the resident shall be placed at the top of the appropriate waiting list and shall be readmitted as soon as a bed is available.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-117, filed 10/31/94, effective 12/1/94.]

WAC 484-20-120 Transfer and discharge of state veterans home residents. (1) Transfer and discharge of state veterans home residents shall be in accordance with RCW 70.129.110. The state veterans home must not transfer or discharge a resident unless:

(a) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(b) The safety of individuals in the facility is endangered;

(c) The health of individuals in the facility would otherwise be endangered;

(d) The resident has failed to make the required payment for his/her stay; or

(e) The facility ceases to operate.

(2) In addition, WAC 388-97-042 applies to the transfer and discharge of medicaid certified facility residents.

(3) Notice of any transfer or discharge given under the authority of this section must be given in accordance with WAC 484-20-103 and is subject to the provisions of WAC 484-20-105.

[Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 04-19-026, § 484-20-120, filed 9/9/04, effective 10/10/04. Statutory Authority: RCW 43.60A.070 and 72.36.030. 97-06-013, § 484-20-120, filed 2/25/97, effective 3/28/97. Statutory Authority: RCW 43.60A.070 and chapter 72.36 RCW. 94-22-050, § 484-20-120, filed 10/31/94, effective 12/1/94. Statutory Authority: RCW 43.60A.070. 92-17-046, § 484-20-120, filed 8/14/92, effective 9/14/92; 85-20-099 (Order 85-01), § 484-20-120, filed 10/1/85; Order 7659, § 484-20-120, filed 7/28/77.]

WAC 484-20-135 Transfer from one state veterans home to another. (1) A resident may apply for transfer to any state veterans home or the colony located at Orting. Requests for transfer are to be forwarded to the admissions team.

(2) All such requests shall be reviewed by the admissions team, using the admissions criteria.

(3) In addition, the admission team shall contact the superintendent or designated representative of each state veterans home to obtain other information which may be pertinent to the transfer request.

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(4) The admission team shall make a recommendation to approve or deny the transfer.

(5) The names of residents who are approved for transfer shall be placed on the waiting list for the program or service which the admission team has determined shall be most appropriate for their health care needs. The position on the waiting list shall be determined by the date on which the transfer was approved.

WAC 484-20-140 Readmission. Former residents may apply for readmission to the state veterans home by submitting an application in accordance with WAC 484-20-015.

WAC 484-20-145 Burial in the state veterans home cemetery. (1) To the extent practicable the remains of individuals who die at a state veterans home shall be disposed of in accordance with instructions given prior to death.

(2) An individual or his/her survivors (in the line of succession as designated in RCW 68.50.160) may request burial in the state veterans home cemetery, if the state veterans home has a cemetery, when the deceased is a resident of the state veterans home at the time of death.

(3) A nonresident spouse of a former resident who is buried in the facility's cemetery may request burial in the state veterans home cemetery, unless the spouse has remarried. If the spouse wishes to be buried in the facility's cemetery, he/she makes such a request with the knowledge that his/her remains will be cremated and buried in the same gravesite as the former resident.

(4) Funeral arrangements and all burial costs shall be the responsibility of the deceased individual's estate or his/her survivors (or the county if there are no survivors) in accordance with RCW 68.50.160.

WAC 484-20-150 Population level. The superintendents shall keep the population of the state veterans homes as close to full capacity as possible provided; such population approximates the population submitted and approved in the department's budget.